



# AZ Medicaid Technical Consortium Meeting

August 25, 2004

2:30 PM to 3:30 PM

AHCCCS 701 E. Jefferson St. – 3<sup>rd</sup> Floor - Gold Room

Meeting Hosted By: Lori Petre, AHCCCS

## Attendees:

(Based on sign-in sheets)

### ACCORDIS

*Val Illg*

*Brian McCann*

### ADHS

*Lee Cisney*

*Jerri Gray*

*Brian Heise*

*Jeannette Heller*

*C.J. Major*

*Susan Ross*

*Lin Xing*

### AHCCCS

*Dick Azzi*

*D. Batz*

*Peggy Brown*

*Deborah Burrell*

*Michelle Dillon*

*Patti Goodwin*

*Chris Herrick*

*Ester Hunt*

*Dennis Koch*

*Mary Kay McDaniel*

*Brent Ratterree*

*Marsha Solomon*

*Pat Spencer*

### AHCCCS (Cont.)

*Carrie Stamos*

*Linda Stubblefield*

*Mike Upchurch*

*Nancy Upchurch*

*Kyra Westlake*

### AmeriChoice

*Jim Drab*

*Ramkumar Manakal*

*Beth Ptak*

### APIPA

*Lucy Markov*

*Charles Revenew*

*Sean Stepp*

*Sharon Zamora*

### Care 1st Arizona

*Michael Boisseau*

*Anna Castaneda*

### Cochise

*Marcia Goerdt (Telecon)*

### DES

*Robin Claus*

*Marcella Gonzalez*

*Major Williams*

*Nicole Yarborough*

### Evercare Select

*Steven Iles*

### Healthchoice AZ

*Jessica Lennick*

*Mark Messer*

### HCSD

*Michael Wells*

### MCP & Schaller

*Cathy Jackson-Smith*

*Melonie Jones*

*Anne Romer*

### Maricopa

*Dave Abraham*

### PHP

*JoAnn Ward*

### PHS

*Mark Hart*

### UFC

*Eric Nichols*

*John Valentino*

### United Drug

*Rand Skelton*

### Yavapai County

*Dave Soderberg*

### **Welcome (Lori Petre)**

We have several items, five or six from different Health Plans here that I've given to Brent to discuss today. So we want to get through the few things we wanted to talk about as well as give you all ample opportunity to talk about your concerns. The minutes are attached directly behind the agenda from our last meeting. They have also been posted to our website. If you have any comments, questions, clarifications, please let us know, we will work to revise them and re-posted appropriately.

Brent asked for a little time to revisit the TPL discussion we had in our last meeting.

### **TPL Verification Pilot – Follow Up Discussion (Brent Ratterree)**

I want to do another high-level overview of the process in general for TPL. What I encourage all of you to do is to use the automatic process to notify us that an individual has TPL information AHCCCS is not showing. I know a few contractors are doing that now, but the more of you who use that process, the faster you'll get a response back from our TPA who's managing all the TPL information and verifying it. If you'll use that process I'm told you'll get an update within 24 hours.

Chuck Revenue – We've been testing TPL on our end and I'm wondering what kind of validation we get to go to production, because while what we've got looks great with large files, with a couple my group sent through the automated file system, I'd like a little more regression testing with us before we go to production.

Brent Ratterree – I'll note that down, that's not my area, but I'm certain we could have something like that in place for you.

### **ACTION ITEM – (A-837-00380) SPECIFIC HPS REQUIRE EXTRA TPL TESTS**

The overview of the process is that if you receive a claim in with other coverage, but according to our information they have no other insurance (not necessarily Medicare, just other insurance), if you will send a notification to us that says, "This individual has other coverage," that is the mechanism that we prefer you use. As a stopgap measurement, we also utilize the information you submit in encounter. But if for some reason that process has broken early on, when you pay that as a claim, and you submit it as an encounter, you put the other payer information in the encounter in the COB loops, that information will generate the same sort of request we're going to send to our TPL verifier. If you have to rely on this process, it's extremely important not to put just dummy data in there. You must put in the payers name, and spell it out. Provide the responsible cardholder I.D. number for that insurance. Those two fields are very important for that encounter. If you drop in something else, such as "Other Payer", it won't mean anything to us. Nothing will happen to it. It will just pend and sit there. I'm hoping you'll use the front-end process in which you notify us through the automated mechanism that they've got other insurance. By the time you get that information back, you may not even have paid the claim yet. So you can pay the claim appropriately. Otherwise, you may not pay the claim appropriately, and you send it to us, we can't verify it if it just says "Other Payer," or something else like that. Put the other insurance carrier's name in there and spell it out.

Also, if you are reporting other information to us, and its been verified, you've got information on your system that shows Metropolitan, for some bizarre reason, maybe it was spelled "Metropolitane," if you submit it the same way we have it on our files, everything will go smoothly. Otherwise, it will go out to verify again and it will come back 'unverified'. Will you see that type of spelling error? No. But you could see something like Blue Cross/Blue Shield of Connecticut and someone might say BC/BS/CT. It is best to spell it out if we don't have it in our system. If we have it on our system, mirror it back to us just the way we have it in our member files and the way you have it on the 834 so they come back to you.

HP – Kind of walk through this again... so we sent an encounter file down with COB information which is not in your file. Are you going to route that COB information passed the contractor at that time then? Will you pend at that point in time?

Brent Ratterree – Well, if you do not use the Front end process to tell us you think they have other insurance, if you wait for the encounter to come through, that encounter will pend and wait for that to be verified. Once its verified and its accurate, it will release. If its inaccurate, then my unit will get in touch with the corresponding unit there and tell them there's something wrong with the data. It will pend and not move anywhere until it's verified.

HP – When does this go into effect?

Brent Ratterree – I've been told the verified TPL information will be made available at the end of September, September 30<sup>th</sup>. You should have it by October 1. We're talking Dates of Service for the encounters stuff as well. For the pend, that would pend for TPL. It's all DOS driven. Whatever you have on 10/1/04 on the 834s you receive from us is what we'll be editing against.

Mary Kay McDaniel – Is what you're telling them is that AHCCCS is going to match the TPL information that comes in on the Encounter to the TPL file, or is this going to match dollars?

Brent Ratterree – I think we're talking about two different things. The matching of the insurance information is just for TPL notification. That really has nothing to do with if it's going to pend or not.

Mary Kay McDaniel – If the HPs continue to send in other payer 1 and other payer 2, as long as TPL information is already in the system, there's no pend for that.

Brent Ratterree – Correct, we're not editing the name at this point. We are editing the dollars, but not the name. But if you send in an incorrect name, it will come back and bite you later, because we'll have to pick up the phone and call you to find out why you're doing that and tell you to stop that.

Mary Kay McDaniel – I'm sorry, I was confused on that. So what you're saying is you won't match on names, but you'll match on dollars on the encounter side.

Brent Ratterree – for the encounters. For the TPL process, we're trying to match on names.

Mary Kay McDaniel – so the TPL file that they will be sending in on a monthly basis electronically, the names must match. So they need our Master Carrier file and our Master Carrier ID and they must do a crosswalk to what they have in their system to send us the information.

Brent Ratterree – The data we're going to send to them on the verified TPL information is what they need to use for their TPL information on their system. They should use the payer name, coverage dates, everything that's in that file as the good data. Replace whatever you've got in your system for TPL and say this is what we got.

Mary Kay McDaniel – When do they send that to us? Because, on October 1, 2004, we're sending them full verified files, right?

Brent Ratterree – They should have it by October 1.

Mary Kay McDaniel – So on October 1, they'll get a full, verified file, with everybody that we know has verified information. So they're going to load that into their system. So on a monthly basis they're sending that back to us?

Brent Ratterree – No, the automated mechanism in place that Kelly discussed to let DMS/AHCCCS know.

Mary Kay McDaniel – So when they send us the TPL referrals, the name and the carrier ID need to match AHCCCS names and carrier ID files.

Brent Ratterree – Well, referrals will be for information we don't have on our database; information in the claim that indicates this person has other insurance coverage. It's when they don't match our files that they send a referral in. It's also a manual process that many are using today.

HP – So if we sent in an encounter, you're going to take that C.O.B. information if it's not on the system and send it off for verification.

Brent Ratterree – As a back up to your regular notification process, we will do that.

HP – What if we don't want you to? Can you turn that off?

Brent Ratterree – Why would you not want us to?

HP – Well, what if we're not keeping track of payer names on our system. Why can't we just put in the paid information? One question that came up is are you going to allow us to plug in just 'other payer'. What kind of payer do you expect in every circumstance?

Brent Ratterree – on encounter we expect the payer name. It's like using a generic procedure code, such as 99900, although it's not the procedure code you've got. Although it's a valid code, its not what was rendered.

HP – I don't think it's the same thing at all. You're the payer of last resort, so why am I going to give you payer's names? The payer names are not important. I know, myself, and a lot of the other plans, our systems aren't set up to carry all that additional other payer information. Typically, we don't get all that information. We don't get the insurance policy number from Aetna, just something like the amount they paid and this whole blank sheet that the other provider sends us of what the other provider may have paid. We verify that's there and we put in the amount, but we don't carry over the relationship of carrier or the relationship to the other parties, as well as the payer name. We don't have a way to put it in our system. We would have to build another outside system to maintain that or do that for us. We are building a new system, but its six months down the road to try to handle this thing. But right now, we would have to build a separate claims processing system to capture that information so we could send you the 2200 loop.

HP – So when a claim comes in with TPL payment, you don't keep that in the member files or under other insurance?

HP – you could put that in them, but there's no direct correlation between that and that 2200 loop. I mean, for you to say, we need the exact policy number for Aetna?

Brent Ratterree – we would need to know the policy number.

HP – would that even show up?

Brent Ratterree – It would show up on the 837.

HP – I know where you would get it, but are you guys actually using this information, or can you just get the amounts and go ahead?

Brent Ratterree – What's the consensus of the room? Is it the consensus that we not do that?

**ACTION ITEM: (A-834-00382) AHCCCS change requirements on collecting TPL data to only collect other payment information.**

HP – Yes.

Brent Ratterree – We can disable that. But for accuracy purposes, though, you should make attempts to complete the data. At some point down the road, that will be used. Eventually there will be the National Payer ID, and that will solve everything. Until that point, we can disable it.

Mike Upchurch – If you disable it, does that mean its not getting loaded or will it still get loaded?

Brent Ratterree – It will get loaded, we just won't generate a TPL referral.

Mike Upchurch – Is there then a standard to note that scenario where we don't have information of value you wanted to know, or people on your side to know, so that we don't throw away information as generic.

Brent Ratterree – Our system is not built to throw away information, we store a lot of things.

Mike Upchurch – But you'll be populating the Master TPL with Other payer X and Other payer Z.

Brent Ratterree – They wouldn't be populating the TPL. If they turn the switch off, it wouldn't populate the TPL. If it doesn't generate a referral, it won't populate anything.

Shelli Silver – Are there any negative impacts?

Brent Ratterree – In the short term, probably not, but in the long term, as the staff needs to analyze what other payers are paying and how other coverage handles certain services, it will hamper us. You couldn't develop a consistent pattern. Like, if the Blues were doing something consistently, as opposed to Metropolitan or Aetna. Short term, not much of an impact, if we need to do an analysis, we couldn't.

HP – So, turn it off but expect it to be turned off, but come back on sometime in the future.

Brent Ratterree – Probably. I would expect, in the worst-case scenario, it would be turned on when National Payer ID is turned on.

Brent Ratterree – The question is about standardizing a generic response so that we would know what to expect, and you would know what to send to us. We can draft a standard item that you can send to us.

HP – One question we had was when would an actual ID come? One with an implanted ID.

Brent Ratterree – We do not have that structure in place for a carrier code yet.

HP – I thought the Master Carrier file would have our Carrier Id and Carrier number.

Brent Ratterree – Do you mean the 834 that comes out to you?

HP – No, the actual Master Carrier file, it's a question in the minutes for the last meeting. It's on page five.

Brent Ratterree – I don't have that question in front of me, I need to defer that question.

Lori Petre – We'll need to follow up on that.

### **ACTION ITEM (A-837-00379): BRENT RATTERREE FOLLOW UP ON**

Michelle Dillon – What they're referring to is whether we'll be adding dental to the TPL Master Carrier files. Right now we're just doing medical. That's why we left off adding those edits. They'll be able to add later.

### **FOLLOW UP ITEMS – (Lori Petre)**

Briefly, just a couple of follow-up items.

### **Outpatient Fee Schedule Project (Lori Petre)**

The Outpatient Fee Schedule Project Status: included in your package are the current milestones. The next meeting of that Consortium is scheduled for 8/31 from 10-12. If people need to be able to conference in to that, please let us know so we can get the information to you on how to do so. Along with that meeting notice are some key materials to review and have your questions, and comments in place for the next meeting. Are there any particular messages or questions concerning that?

### **AHCCCS Member ID Change (Dennis Koch)**

The member ID change is scheduled for a special release, to be done by 12/31. We're shooting for mid-December to have all the IDs changed. In general what will happen is that we'll make the changes, and will send the file to the membership card vendor. They'll make new cards for the people. AHCCCS will incur that cost; there will be no cost to you on the cards to be generated. You will see changes in your 834 files. We'll try to do it in stages. I'm not sure whether we'll do it Health plan by Health plan basis or group by group, but we're trying to spread it out over a period of time so you won't get flooded all at once with these changes and you won't see this all on one large 834.

HP – The AHCCCS ID is not the key input in our system, if we could just get a file with the old number to new number; we could change them on the back end rather than we get it through the 834. If you do it through the 834 only, it will slow our system up.

### **ACTION ITEM (A-834-00383) SEND FILE WITH OLD MEMBER ID TO NEW MEMBER ID TO HEALTH PLANS**

Dennis Koch – How many would like it on the 834

HP – the file with old to new would help. Will it act like the old system for changing ID numbers?

Dennis Koch – Yes, it will act just like right now, we link two records together with two AHCCCS IDs. If they're currently active, we migrate all of the old information to the new Member number and identify it as the primary ID. It should still work, because it migrates old IDs to new IDs now, checks the eligibility and it should go through.

HP – What is the objective of this?

Dennis Koch – The reason behind this is there is an Arizona State Statute (44-1373) beginning January 1, 2005, requiring all state facilities to not use the Social Security Number as an I.D.

HP – so would AHCCCS have any concern if the plans got that crosswalk from you if the plans started sending encounters in under the new ID as soon as possible?

Dennis Koch – I don't think it's an issue at a Health plan level. It's an issue at the State level; we're not allowed.

HP – so you're not pushing the plans to convert, that's why I suggested the crosswalk, and then we start migrating them.

HP – When is the timeframe?

Lori Petre – We need to look at the specifics of the Legislation. Our agreement wouldn't allow you to use that ID outside of the timeframe either. You would need to do some level of change within your organizations, as well. You would not be able to communicate that old ID to your provider either.

HP – In other words from the day of your cutover, we couldn't use the old number on current day claims.

Dennis Koch – The idea is you can't print it on any statements, or anything. Someone might pick them out of the trash and use them.

Mary Kay McDaniel – How do you Health Plans do it now? You get them every day now. Any time AHCCCS finds there is one member with two Ids, they link them, and you back out the one with the one date.

Lori Petre – It isn't that simple. You don't get a notice on the primary, it will just look like an add.

Dennis Koch – It shouldn't matter, because you still have the old ID to look up and link to the new ID, just so long it is still eligible. We'll pull two years of eligibility history with the new ID. So when we link to the new ID, it will still show all the old eligibility from the old ID also. We will use the old ID to validate eligibility.

HP – Will we still need to send back the old ID for pend-correction files?

Dennis Koch – If you needed to.

Lori Petre – We're going to send that back the next time with the new ID. If you send a pend-correction with the old ID, you will receive it back with the new ID, as our process makes the switch.

HP – So you will terminate the old membership and open new memberships under the new ID? Will we get a termination?

Lori Petre – That's the problem, if you get a termination on the secondary, its been linked, but then when you get the new ID it won't identify what it used to be. It is a little complicated.

HP – So you're not going to mess around with the 834?

Dennis Koch – I didn't say that.

Lori Petre – On the 834 you will see an update of the population of those Ids that are becoming secondary, and they will show up. That's unavoidable. But we give you the opportunity to preempt that by processing the flat file prior to that.

HP – Will you be creating test files?

Dennis Koch – When we get a process up and running. We are working on it, and are currently writing documents.

Lori Petre – We will give you a status update on the next meeting.

Dennis Koch – We did some analysis. We can give you an idea of how many ID's are affected.

**ACTION ITEM: (A-834-00384) SEND SPREADSHEET OF HOW MANY ID'S WILL BE AFFECTED TO LORI TO DESSEMINATE TO PLANS.**

HP – What if new claims come in using the old ID?

Lori Petre – You get some linked Ids now. This isn't a unique situation; we are just doing it on a much larger scale. We do sometimes find out that the client is identified twice on the system for some reason now.

HP – Aren't you going to have to change the AHCCCS ID in prod?

Dennis Koch – We're going to integrate it into the whole system. That's why we're trying to spread it out so that you don't get inundated with a huge file, all in one day.

HP – Is it possible to come out with a file that identifies the member by both old ID and new ID?

Dennis Koch – Yes.

Dennis Koch – Again, we're looking to have this finished in mid December.

Lori Petre – Technically, we can have this done earlier than mid December. Timing-wise it would be difficult to give the crosswalk to you and then not have it show up on the 834. Because its all happening during the same time.

Dennis Koch – yes, if we can get the crosswalk to you earlier we will, but right now it looks like we can't until we actually do the linking of the Ids.

HP – What happens if the claims with new ID come in? Will they still be eligible?

Dennis Koch – Yes, because we take the eligibility and move it under the new ID.

Lori Petre – The effective date is really the date of the range, but you're pulling the whole record. Those things still stay the same.

HP – Will you be running test files?

Dennis Koch – Yes.

HP – Will the TPL files be disrupted by the ID changeover?

Mary Kay McDaniel – The proprietary TPL file that you receive has about four times as much information as is available on the 834. So the intent has never been to get rid of the proprietary TPL file.

Susan Ross – We just wanted to remind you that our process is a little bit different than the 834.

Lori Petre – We'll address that.

**ACTION ITEM: (A-834-00388) ENSURE ELIMINATION OF SSN ID'S CONSIDER BHS AND CRS PROCESSING.**

HP – Do you have a termination date for the old Ids? Will we be able to match the terminated Ids to the new Ids?

Dennis Koch – You should be seeing some coming through now. Not a lot, but a couple a week.

Lori Petre – Its more similar to when you find a member with two AHCCCS Ids. Then, we terminate one and make the other a primary. You'll see this information on your 834.

HP – Concerning the ID cards, what's the normal turnaround time for them?

Dennis Koch – I don't know. I think the total 'add-to-population' is around 200,000 to change overall. There are 600,000 over a five-year period that are inactive. I'm not sure how long it will take them to process that many and whether we send them all at once, or just so many per day.

**BBA STATUS (DENNIS KOCH)**



We've put BBA back into test. So far it's running well. I think you're only receiving one email per email sent in. We've discussed today possibly moving it into production. It looks like it will be after this monthly cycle, so Sept. 7<sup>th</sup>, the Tuesday after Labor Day. There should be no difference, barring you should be able to submit your emails and get an email response, after the next cycle.

Lori Petre – the only difference really is that while now you haven't been receiving emails back, then you will.

HP – Do we still send separate emails?

Dennis Koch – for the next month or so, just to make sure everything is running as it ought.

HP – Say the response comes back; does it come back to the receiver as well as the sender?

Lori Petre – Only the sender receives a response.

Dennis Koch – there are two flags, people who are authorized to send emails, and people who are authorized to get reports. They can be the same person, or different people. We send you a report every morning to say what's still outstanding and what has been verified. This should be happening very soon in test.

#### **Other HIPAA Related Status' (Mary Kay McDaniel)**

Lori Petre - In the interest of time, Mary Kay McDaniel will speak on this at the next Consortium.

#### **Encounters 837/277U, Implementation Status (Lori Petre)**

277U is still in testing. No new implementations since the last meeting.

#### **Contingency Planning (Lori Petre)**

We talked a little about it, but will speak more to this at a future time.

Follow-Up Action Item: The zero amount field, was action item #A-NCP-00369 from Meeting before last. Encounters team did verify that if the field is blank, please send a blank. Do not send a zero unless it's really a zero.

Mary Kay McDaniel – that's a syntactical error versus a non-syntactical error. You can't give us a group and the code, and then not put any amount there. With that issue on the NCPDP, don't space-fill numeric fields, leave them with blanks, because the logic is built to do that.

Lori Petre – In the claims and encounters systems, if you put a zero in the field, it thinks it's a zero. If you do not have an amount, do not put anything in the field. Do not put in a zero. The zero will try to populate.

HP – This hard and fast July date is becoming a headache.

Brent Ratterree - I know there is concern about the July 1 cut off date. We will have to have some internal discussion before I say anything about that. There was long ago a letter sent out stating July 1 is the cut off date, so we'll have to have some discussions on that.

HP – I understand that, and you certainly are accustomed to work well with us. We've also hired more folks to work on encounters. I'm on a sixty-day turnaround, holding back encounters because of the July 1<sup>st</sup> cutoff. This real lack of reporting integrity certainly doesn't meet our identity getting our encounters out and impacts our percentages. My concern is it won't let the folks who retail to gather we're impressed because we're receiving too many responses back. We're delaying the whole encounters system. I

understand about CMS and going live. Right now, it seems to me you want to work with your customers. This just isn't a win-win situation.

Brent Ratterree – We're not interested in making you hold them for later, it would just have been nice to have known a little earlier on that these issues were surfacing.

Shelli Silver – Are we talking about 837 or NCPDP?

Brent Ratterree – I think it's both.

Dave Soderberg – We're right in the middle of a major software conversion and it complicates things for us to pull things out for Date of Service. If we had a couple months, then people wouldn't be juggling at all.

Brent Ratterree – I understand.

Shelli Silver – We'll look at it. We're talking about some of this in encounters and NCPDP, unanswered questions, and things not being updated.

Brent Ratterree – We'll send an official letter and follow-up with all the email contacts. Any avenue we use for communications, we'll broadcast it. We need to discuss this internally first, though.

Shelli Silver – We'll talk about it and then update you.

Brent Ratterree – Here's a question about populating COB amounts and so forth. The appropriate amounts when using paper documentation, this is a lengthy explanation and its better to handle this one in writing as well. If everyone is having particular difficulties over certain fields, please contact us as soon as possible so that we can develop one-on-one sessions, or small group sessions to resolve those issues, we certainly will.

HP – that was brought up at the last Consortium; I think you've already kind of addressed it about prior to some payment.

Brent Ratterree – There were a lot of examples presented in Consortium meetings many months ago over this, but if you need additional information, we can discuss some things. We're more than willing to do that.

There are questions over Ingredients Costs submitted in Pharmacy; pregnancy indicator, dispensing fee paid and ingredient cost paid. I'm not certain what the question is as its just saying we have a problem.

HP – Are we required to fill these out? It says they are required fields but we don't store these things on our system. Pregnancy codes we manage, but the other fields, I'm not so sure.

Brent Ratterree – unfortunately, these are required data elements and they need to be reported. The pregnancy indicator you can use as a default value to "n," most pharmacies aren't going to know whether you are pregnant or not unless you're taken prenatal vitamins pills. There are default values to many of these items in the implementation guide. The ingredient costs and dispensing fees don't have default values, but are primarily what you're receiving from the pharmacy. The dispensing fee paid and the ingredients cost paid are what you are paying to the pharmacy.

HP – Our problems are going to be C.O.B. data received back from other insurance. In many cases you're not getting that data from the other insurance, and there's no enforcement mechanism to make them do that. At a certain point that, yes, we can enforce getting back that data from the PBMs. As far as what they've been paid and the State funding. Once it's out of that into the other commercial insurance, we have no enforcement. As there's no edit there, if we don't give the information back, that's just a reflection on what we've received.

Brent Ratterree – What the edits will do for the Pharmacy transactions is really balance the financial information within the COB loops. The ingredient costs paid, and dispensing fee paid are items of the total payment. For other COB loops, such as Aetna or Medicare, typically all you will get is payment; you're not going to get dispensing fee paid or ingredient costs paid. I've had a discussion with those who are interested in this information, and I think they are willing to not enforce that for other payers, but they will enforce it for the plans PBMs. I should have some more information in another week, and then I can release something out in another email.

**ACTION ITEM: (A-NCP-00385) EMAIL HPS CONCERNING COB LOOPS FOR PHARMACY PAYMENTS.**

HP – Will there be any check against COB? We aren't getting any COB information at all from our PBMs right now. That will be a problem for us. We've talked to them about filling out even their current fields that they've provided to us aren't going to allow us to break things down.

Rand Skelton – On the COB segment, Wisconsin Medicaid has been requiring that pharmacies submit a COB claim that were coming to them the patient paid amount along with ingredient cost. A lot of the other primary insurers were starting to say, "If we start giving too much information, this is impacting our reimbursement rates." They took it to NCPDP, whose first response was 'the way you're trying to use patient information is a violation of the NCPDP standards,' but Wisconsin Medicaid was able to counter this. NCPDP changed the rule. When Federal or State regulations or laws require certain additional information be submitted, then they will allow this to continue. So we may be able to go back to the pharmacy or PBM.

Brent Ratterree – Maybe at least get the ingredient cost. There's a question here about Plan Claim ID and patient account number on online inquiries. I'm not certain what this is, I suspect what's showing up on the online inquiry, although I haven't looked, is the plan claim ID. I will have someone check on this and send a response out.

**ACTION ITEM: (A-NCP-00386) FOLLOW UP ON PLAN CLAIM ID SHOWING UP ON ONLINE INQUIRY.**

Finally, something to do with 277U date formatting, GS04. Looks like the tree is set up for six where it should be 8. I'll have to get back to you on that one.

Marsha Solomon – the U277 is 3070, it is not a 4010 version. GS04 on U277 is a pre-Y2K format. It only has a six-digit date; it doesn't have an 8-digit date. The format standard is not something we're doing incorrectly. The U277 GS04 will only have a six-digit date.

Brent Ratterree – So you can set up your logic to assume the correct date entry.

That's it! We'll get official responses out on these as soon as possible.

**Encounters NCPDP – (Lori Petre)**

We won't be able to talk too much about NCPDP. Brent does have some stuff going on and we will release some information about the modified 5.1 format. We have a meeting with ADHS after this and out of that meeting hopefully we'll be able to finalize that and send it out to you. Brent has been surveying everyone about information we're trying to gather on NCPDP. Hopefully you've heard from him. We're continuing to test the 3.2, and as soon as someone is ready to go into production, we'll make sure its ready to go into production.

**Upcoming Meetings/Suggested Meeting Topics – (Lori Petre)**

Our next meeting is scheduled for September 15, 2004, from 9:00 a.m. to 10:00 a.m. I will also be sending out an email, as this is the last one scheduled for this year. We had agreed in May that we'd schedule them every three weeks through the summer, and then we'd look at it again to see whether three weeks still makes sense and how long they should be.

Mary Kay McDaniel – One thing, please! Please be aware that the final layout for Power Operated Wheelchairs, and Feeding Mechanisms is going to HO7. I would strongly suggest you look at the claims attachments. The next attachments being worked on are Gait trainers and Standers. The UB04 draft is complete. The changes are out. You can see them on the website. One of the biggest changes is there is no longer any signature line. If you require that in your processing, it's gone. So are non-covered days and covered days submitted with no value codes. Please review the changes.

Lori Petre – I have that summarized and will send it out to you all. Thank you for staying over.

**ACTION ITEM – (A-OTH-00387): SEND EMAIL OF UB04 CHANGES TO HPS.**

## **Consortium Meeting Issues/Action Items Report**

<b>Issue/Action #</b>	<b>From Consortium</b>	<b>Assigned to</b>	<b>Description and Resolution</b>	<b>Status</b>
A-834-00381	08/25/2004	Dennis Koch	HP – We've been testing TPL on our end and I'm wondering what kind of validation we get to go to production, because while what we've got looks great with large files, with a couple my group sent through the automated file system, I'd like a little more regression testing with us before we go to production.	Open – Awaiting information.
A-834-00382	08/25/2004	Brent Ratterree	Change what TPL data collection AHCCCS must have on 2200 loop. "Why am I going to give you payer's names? The payer names are not important. Our systems aren't set up to carry all that additional other payer information. Typically, we don't get the insurance policy number from Aetna, just the amount they paid. We verify that's there and we put in the amount, but we don't carry over the relationship of carrier or the relationship to the other parties, as well as the payer name. We would have to build a separate claims processing system to capture that information so we could send you the 2200 loop."	Open – Awaiting information
A-834-00383	08/25/2004	Dennis Koch	Can a crosswalk file from old Member ID to new Member ID be sent out previous to 834? HP – The AHCCCS ID is not the key input in our system, if we could just get a file with the old number to new number; we could change them on the back end rather than we get it through the 834. If you do it through the 834 only, it will slow our system up.  HP – Is it possible to come out with a file that identifies the member by both old ID and new ID?  Dennis Koch – Yes.	Open – Awaiting information
A-834-00384	08/25/2004	Dennis Koch	Send Spreadsheet of how many ID's will be changed.  Lori Petre – We will give you a status update on the project in our next meeting.  Dennis Koch – We did some analysis. We can give you an idea of how many ID's are affected.	Open – Awaiting information
A-837-00345	05/12/2004	Lori Petre	For the pend correction file we will take pretty much any naming standard you want to use, and we will translate it to the naming standard we used to have. The important thing to know about that is you can send us whatever you want, but in anything we send back to you, we will be using the standard. This process will be transparent. We will get something out in writing on this.	Closed

Issue/Action #	From Consortium	Assigned to	Description and Resolution	Status
			- Completed via email.	
A-837-00374	07/20/2004	Dennis Koch	Look into where we are on fix for large files. –Completed. Will re-release to production on 9/2/2004.	Closed
A-837-00379	07/23/2004	Brent Ratterree	Q: On that Master Carrier file what type of fields will it include? What type of coverage? A: Again, its just going to be the medical. Some of this we are trying to set up for the future. Since we're building a new file, we'll have that set up for expansion at a later date. - No change at this point – Future Options	Future SSR
A-NCP-00365	06/23/2004	Lori Petre	Lori Petre – We have a meeting Friday to discuss the status on NCPDP 5.1 specs. From that, Dennis will be able to give us an idea on a timeline, and we will talk about what kind of documentation that we can make available. We will send that out. - This will be done as a follow-up to 8/25/2004 Consortium meeting.	Open-Awaiting information
A-NCP-00366	06/23/2004	Brent Ratterree	Q: Can you poll management to find out what kind of feedback you get regarding these two transactions? What is happening is that it is all technical, and without you saying there are other options, then they do not listen. We started out with this basically telling the PBM that they had to provide this information. A: Brent Ratterree – We can send an email to poll to see what the responses are. - Brent currently finalizing a survey that has been taken.	Closed.
A-NCP-00369	06/23/2004	Micheal Upchurch	Q: If the PBM sends you a value of zero, I am not sure if we should be sending that as a zero or spaces. A: Lori Petre – If they send you a zero, you should be able to send a zero. Send us some examples of what you are talking about in the current structure. MaryKay, can you show Mike what Art is referring to? MaryKay McDaniel – It is the payer allowed amount. Lori Petre – I would say in that case, Mike's program should be looking for zeros not spaces. We do not capture spaces in any other amount field. We will have to take a look at this and get back to you. - Original Message From: Upchurch, Mike Sent: Monday, July 26, 2004 Per both Encounters and Claims. 0 amounts should be 0. Spaces would indicate nothing is submitted.	Closed
A-NCP-00375	07/20/2004	Brent Ratterree	Look into business plan concerning NCPDP versions, long-term plans concerning 3.2 and 5.1 – Discussed in 08/25/2004 Consortium. Please refer to the minutes.	Closed
A-NCP-00385	08/25/2004	Brent Ratterree	HP – Our problems are going to be C.O.B. data received back from other insurance. In many cases you're not getting that data from the other insurance, and there's no enforcement mechanism to make them do	Open – Awaiting information

Issue/Action #	From Consortium	Assigned to	Description and Resolution	Status
			<p>that. At a certain point that, yes, we can enforce getting back that data from the PBMs. As far as what they've been paid and the State funding. Once it's out of that into the other commercial insurance, we have no enforcement. As there's no edit there, if we don't give the information back, that's just a reflection on what we've received.</p> <p>Brent Ratterree – What the edits will do for the Pharmacy transactions is really balance the financial information within the COB loops. The ingredient costs paid, and dispensing fee paid are items of the total payment. For other COB loops, such as Aetna or Medicare, typically all you will get is payment; you're not going to get dispensing fee paid or ingredient costs paid. I've had a discussion with those who are interested in this information, and I think they are willing to not enforce that for other payers, but they will enforce it for the plans PBMs. I should have some more information in another week, and then I can release something out in another email.</p>	
A-NCP-00386	08/25/2004	Brent Ratterree	Brent Ratterree – There's a question here about Plan Claim ID and patient account number on online enquiries. I'm not certain what this is, I suspect what's showing up on the online enquiry, although I haven't looked, is the plan claim ID. I will have someone check on this and send a response out.	Open – Awaiting information
A-OTH-00387	08-25-2004	Mary Kay McDaniel	<p>Send email summary of changes to UB04 to all Health Plans.</p> <p>Mary Kay McDaniel – The final layout for Power Operated Wheelchairs, and Feeding Mechanisms is going to HO7. The next upcoming are gait trainers and Standards. All the changes in UB04 are out. You can see them on the website. One of the biggest changes is there is no longer any signature line. If you require that in your processing, it's gone. So are non-covered days and covered days submitted with no value codes. You need to see these changes, as they are going up the end of this month.</p> <p>Lori Petre – I have that summarized and will send it out to you all.</p>	Open – Awaiting information
A-834-00388	08/25/2004	Dennis Koch	<p>HP – Will the TPL files be disrupted by the ID changeover?</p> <p>Mary Kay McDaniel – The proprietary TPL file that you receive has about four times as much information as is available on the 834. So the intent has never been to get rid of the proprietary TPL file.</p>	Open – Awaiting information

Issue/Action #	From Consortium	Assigned to	Description and <i>Resolution</i>	Status
			Susan Ross – We just wanted to remind you that our process is a little bit different than the 834.	